



Report to the Legislature

## **Expanding Community Services Proviso**

**Services to Persons with Disabilities who are Residents of Residential Habilitation Centers (RHC) who are Able to be Cared for and Choose to Live in Community Settings, Persons with Disabilities who are Without Residential Services and at Immediate Risk of Institutionalization, or are Children Aging Out of Other State Services, or are Community Based Waiver Clients Assessed as Having Immediate Need for Increased Services**

Chapter 518, Laws of 2005, Section 205(1)(c) Uncodified

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## EXECUTIVE SUMMARY

Chapter 518, Laws of 2005, Section 205(1) (c) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons moving into community settings through this section and the actual expenditures for all community services to support those residents. In the 2005-2007 Biennium, the Legislature provided funds to provide community residential and support services for a minimum of 39 clients including: 1) residents of Residential Habilitation Centers (RHC) who are able to be adequately cared for in community settings and who choose to live in those community settings; 2) clients without residential services who are in crisis or immediate risk of needing an institutional placement; 3) children who are aging out of other state services; and 4) current home and community-based waiver program clients who have been assessed as having an immediate need for residential services or increased support services. In the 2006 Supplemental Budget, the Legislature appropriated funds to support an additional 12 individuals, for a total of 51 individuals with an average daily rate of \$300.

## BACKGROUND

Residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings: Through a process adopted by DDD to implement Olmstead during the 2001-2003 Biennium and carried forward in the 2005-2007 Biennium, each individual living in an RHC, their guardian or close relative(s) will be asked annually whether they want to move to the community. If a person wants to move, the division will facilitate the move.

Clients without residential services who are in crisis or immediate risk of needing an institutional placement: Providing community services options to divert the need for institutionalization for persons with developmental disabilities is a long-term state and national trend. A number of DDD clients who are eligible for, and have the right to services in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) experience a crisis due to the loss of, or lack of needed supports that places their health and safety at risk. This may occur when they lose a caregiver such as an elderly parent or a contracted community provider is no longer able to meet their significant support needs. These persons are at risk of institutionalization without sufficient community supports to meet their health and safety needs.

Children who are aging out of other state services: Children age out of DSHS Children's Administration (CA) services between the ages of 18 and 21. Children age out of DSHS Juvenile Rehabilitation Administration (JRA) services at age 18. Funding for their services through CA and JRA is specific to child serving

administrations and dependent on these federal funding sources. The funds cannot accompany the child into DDD adult services.

Children enter CA services due to abuse and/or neglect in their family home and therefore are not able to be supported by their family. A number of the youth with developmental disabilities aging out of CA have medical or behavioral issues which cannot be adequately supported in Adult Family Homes, Adult Residential Care facilities or with Medicaid Personal Care. These youth require a more intensive level of support such as the DDD Supported Living Program.

Children enter JRA services due to criminal charges. A number of the youth with developmental disabilities aging out of JRA services have community protection issues including sexual offenses or violent crimes. They require 24-hour close supervision in order to maximize community safety. Families generally are not able to provide this level of support. They cannot reside in Adult Family Homes or Adult Residential Care facilities due to the risk they would present for other residents. These youth require supports at the level of a DDD 24-hour Community Protection program.

Current waiver clients who have been assessed as having an immediate need for residential services or increased support services: A review of DDD's Cap waiver was conducted by the Center for Medicare Medicaid Services (CMS) July 2001 – January 2002. The CMS report from this review states in Recommendation #4: "Remove all provisions from existing laws, regulations, policies and procedures that support or encourage denying CAP waiver clients access to needed waiver services due to funding limitations. At the same time, laws and policies should be implemented recognizing the need to fully fund the waiver services CAP participants are assessed to need." In discussions that were held about Washington's applications for the current four new DDD Home and Community Based Waivers, federal officials in Baltimore separately asked for assurance that Washington will meet waiver participant needs. As the CMS required yearly Plans of Care are completed for waiver participants, clients are assessed as having unmet health and safety needs. It is imperative services be authorized in order to not jeopardize continued federal funding (FFP) for Washington State under the current four DDD HCBS waivers.

## **STATUS**

The Division of Developmental Disabilities has designated as proviso placement a total of 69 clients since July 2005, with an average daily rate of \$249.15 (see attached spreadsheet). For the fifth quarter July through September 2006, DDD has designated 18 clients as proviso placements.

Following is a description of the needs of four individuals who meet the criteria of "children who are aging out of other state services", one individual who meets the

criteria “clients without residential services who are in crisis or immediate risk of needing an institutional placement”, two individuals who meet the criteria of “residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings”, and 11 individuals who meet the criteria of “current waiver clients who have been assessed as having an immediate need for residential services or increased support services”. These client descriptions are provided to offer information about this particular population.

Examples of children who are aging out of other state services:

Client #69 is an 18 year old male with a diagnosis of Severe Mental Retardation, Epilepsy, Cerebral Palsy, Blindness, Gastroesophageal Reflux Disease (GERD) and Hydrocephaly. Client #69 was a Child Protective Services (CPS) placement that has been living in a Staffed Residential Home for many years when he aged out of Children’s Administration services. He has no family or significant other in his life. Due to his disabilities he needs to be in a supported living placement to meet his significant needs. Because he is aging out of other state services, funds from this proviso are being used to provide certified supported living residential services.

Client #61 is an 18 year old male with a diagnosis of Static Encephalopathy, Moderate Mental Retardation, Attention Deficit Hyperactivity Disorder (ADHD), Impulse Control Disorder, and Attachment Disorder. He has a history of inappropriate sexual behavior and a pervasive difficulty with adaptation to educational, social and interpersonal environments. He was removed from home at an early age due to reported abuse and neglect. At age 6 he was hospitalized at Pinecrest Hospital in Idaho with concerns of Fetal Alcohol Syndrome (FAS). His adoptive parents requested he be removed from their home due to his aggressive and sexualized behavior, including verbalized intent to have sexual relations with a one year old in the home. Client #61 currently lives at Lighthouse Inc. in the Spokane Valley, where placement is at risk due to the clients sexualized behavior, and minors residing in the home. Because he is aging out of other state services, funds from this proviso are being used to provide certified supported living residential services.

Client #57 is an 18 year old male with a diagnosis of Mental Retardation and Cerebral Palsy. Client #57 has been in residential placement since July 2005. He has a history of assaultive behavior toward family members, school staff and service providers and residential staff has had to call the police due to his behavior. Client #57 did try to return home in January of 2006, however became aggressive towards family members who then had to call the police for help. He was returned to his residential placement due to this outburst. Because he is aging out of other state services, funds from this proviso are being used to provide certified supported living residential services.

Client #59 is an 18 year old male with a diagnosis of Autism. He has impaired receptive and expressive communication, aggressive behaviors, specialized diet concerns, and self-injurious behaviors. Client #59 requires constant monitoring and supervision due to these behaviors as well as being an escape risk both at home and in the community. Total assistance is needed for health and safety and substantial assistance required for personal care tasks. Client #59 was residing in the Fodor Homes LLC in the Seattle area under the Voluntary Placement Program. Since he has turned 18 and his placement has been disrupted, he now will be served in an adult supported living program and foster care services are terminated. Because he is aging out of other state services, funds from this proviso are being used to provide certified supported living residential services.

Examples of clients without residential services who are in crisis or immediate risk of needing an institutional placement:

Client #54 is a six month old female with a diagnosis of Laryngeal and Esophageal Web with Bifid Epiglotts, Tracheostomy, Di George Syndrome and poor swallowing with NG-feeds. Client #54 spent a significant amount of time at Children's Hospital after her birth and requires placement at the Ashley House. Client #54's mother is unable to care for her medical needs and the client qualifies for the Medically Intensive Program (MIP). Funds from this proviso are being used to pay for the portion of her placement at the Ashley House not covered by the MIP.

Examples of current waiver clients who have been assessed as having an immediate need for residential services or increased support services

Client #68 is a 13 year old male who has a history of violent outbursts which have resulted in several arrests for assault charges and hospitalization at Sacred Heart Child and Adolescent Unit. Client #68 has significant mental health issues and history of violence, cruelty to animals and sexual inappropriate behaviors. His diagnosis is Bipolar, Conduct Disorder and Mild Mental Retardation. Client #68 is unable to live in his home with mother and siblings because he has a history of threatening them with knives, states he plans to kill the entire family and has a past history of property destruction. Prior to Voluntary Placement Program (VPP) placement he has had several hospitalizations for mental health breakdowns and respite care. On August 22, 2006 the clients Staffed Residential provider gave a thirty day notice that they would no longer be serving our DD population. Funds from this proviso are being used to support him in a new Staffed Residential program with 24 hour support, counseling services, and medication management.

Client #58 is a 23 year old male with a diagnosis of Lenox Gastaut Syndrome, Moderate to Severe Mental Retardation, Cerebral Palsy, Aphasia and Clonic-Tonic Seizure Disorder. Client #58 currently lives with his aging parents and was placed on the CORE Waiver for out of home placement due to the fact that his parents are no longer able to care for his physical and emotional needs. Due to his size, lack of assistance and mom's own back injuries she is unable to continue

to provide a safe and complete care giving environment. Client #58's mother is not able to evacuate him from the home should there be an emergency and his living arrangement is no longer safe for him to reside in. Client #58 has Clonic-Tonic seizures multiple times per day. He requires two people to bathe and toilet him and needs full time support to keep him safe and healthy. Funds from this proviso will be used to provide Client #58 with 24 hour residential support.

Client #62 is a 42 year old male who has a diagnosis of Mild Mental Retardation and has a history of mental health issues. He can be quite capable however he is very obsessive and has very poor judgment. Client #62 has tried living with a friend and alone in his own apartment but was evicted in both instances. Funds from this proviso will be used to purchase supported living and vocational services.

Client #53 is a 22 year old female diagnosed with Angelman's Syndrome. Client #53 is non-verbal and is severely developmentally delayed. Although Client #53 can be quite mild mannered and enjoys being with others, she will engage in aggressive behaviors including hitting, pinching, and pushing others. She should not be left alone with vulnerable people as there could be a risk of her targeting them with her behavior. She has services with an employment provider and is on a Pathway to Employment. She requires 1 on 1 supports during the time she is at the work site. Client #53's parents both work and her father travels much of the time. They cannot continue to support her in their home while maintaining their employment. They have had much difficulty finding a Medicaid Personal Care (MPC) or respite provider to fill in the times that Client #53 needs care. Funds from this proviso will be used to provide Client #53 with a supported living program and a vocational program.

Client #60 is 40 years of age and has a diagnosis of Moderate Mental Retardation and Obsessive Compulsive Disorder. Client #60 has been served by a Supported Living (SL) program since July 2000, but the individual support hours assigned to her are no longer adequate to meet her needs. Client #60 requires major behavioral support by her SL staff to ensure her health & safety, and the health and safety of her three housemates. Client #60 will enter the others' bedrooms, even during sleep hours, and bother them. Staff must intervene quickly to ensure the protection and peace of all. Intervening has not always been an easy task as Client #60 will escalate, yelling, perseverating, and bothering the others. This behavior also often occurs when all housemates are home in the evenings having dinner, or relaxing together in the living room. In addition to the need for almost constant intervention at certain time periods, the staff are being exhausted with the extent of Client #60's outbursts and need for redirection. Funds from this proviso will be used to fund supported living services and vocational services.

Client #52 is a 58 year old male with a history of extensive placements. He is diagnosed with Moderate Mental Retardation, Behavioral Problems Not Elsewhere Classified (NEC), and is at a high risk as a vulnerable adult. Client

#52 was sexually abused by a neighbor man for years and his vulnerability is shown in the form of returning to his abusers home as an adult and being re-victimized. Client #52 has been placed in many group homes and Adult Family Homes (AFH) throughout his years as a client of DDD and has been traumatized by his previous placements and will continue to speak about them today. Client #52 requires male providers. Client #52 has a history with females indicating that he does not have respectable boundaries and should not be left alone with females. Client #52 has the propensity to eat great quantities of food if not attended to on a regular basis. This behavior has been exhibited in the group home, AFH, and Individual Provider setting. This behavior must be monitored on continual basis to prevent future health concerns—this need is currently not being met in his current setting. Client #52 has recently lost his Independent Provider due to contracting issues which has left him with 3 hours of MPC per day. This level of service does not meet his health and safety needs. Funds from this proviso will be used to provide Client #52 with the level of supported living services needed to meet his health and safety needs.

Client #67 is a 35-year old woman who is diagnosed with Down Syndrome and is being treated for depression and mood disorder. Although Client #67 uses speech to communicate, she has limited verbal skills and is difficult to understand. She has angry outbursts and yells at staff and other residents, slams doors, throws things, makes false allegations against staff for sexual or emotional abuse, and threatens to fire staff. She frequently refuses medications, which results in her allergy symptoms being aggravated and may effect the usefulness of her psychotropic medication. She has daily incontinence of bowel and bladder, and refuses to wear pads. Client #67 resided in a Group Home with eight other individuals with developmental disabilities until her behaviors escalated and her current provider gave notice that they could no longer meet her needs. Client #67's angry outbursts frightened the other residents in the Group Home and they were vulnerable to being hit when she threw things. Due to Client #67's behavioral outbursts, the Group Home could potentially jeopardize their license. Client #67 is currently in the diversion bed in Region 6 awaiting residential placement in Region 5, where she can be closer to her family. Client #67 has been requesting to move to the Tacoma area for the past year. Funds from this proviso will be used to provide Client #67 with a supported living program near her family.

Client #64 is a 20 year old male who is diagnosed with Autistic Disorder (Asperger's Syndrome), and Mild Mental Retardation. Client #64 has a long history of behavioral outbursts which include property destruction, self-injury, physical aggression and verbal aggression. Client #64 had an incident in early June 2006 which involved a knife. At that time, he was living in a house with three other housemates, supported by a residential provider. Client #64 held the knife in a somewhat threatening manner and yelled at staff and a housemate. No one was injured, but the police were called and Client #64 was taken to the hospital but was not admitted. His parents took him home and he has been staying with them ever since. Client #64 received a Risk Evaluation and it was

determined that he does not meet the requirements for the Community Protection Program. Furthermore, according to the Risk Evaluation, "A single apartment living situation would likely be a good opportunity for Client #64 and that would provide him with the most opportunity for developing skills, routines and social skills necessary to live in a shared setting if so desired at a later date". Physically, Client #64 is a big guy; he is over 6' 3" tall and weighs upwards of 240 pounds. He can be very intimidating and difficult to re-direct when he starts to escalate. He requires staff who are skilled with working with individuals with Autism/Asperger and who have been well trained in re-directing behaviors. Client #64 is temporarily living in his parent's home where he has been staying for almost 3 months. His residential provider has been providing staffing to Client #64 in his parent's home but that ended on August 31, 2006. Even though Client #64 will not be able to go back to the same residential situation he was in before, the residential provider is committed to serving him, but only in his own apartment by himself. Funds from this proviso will be used to provide the supported living services Client #64 will need to remain in a community placement.

Client #55 is a 31 year old female with a diagnosis of Angelman's Syndrome, Cerebral Palsy and Moderate Mental Retardation. Client #55 has been residing with her current Individual Provider (IP) since 1999. She and Client #55 have a long history with one another and a very close relationship. Client #55 is non-verbal and uses gestures and sounds to communicate her wants and needs. She requires extensive support for all Activities of Daily Living (ADLs) and constant supervision. DDD had been paying this provider with personal care funding. Personal care hours have been reduced putting this placement at risk. Client #55's current living arrangement has been very successful and her provider is willing to become contracted as a Companion Home Provider. Funds from this proviso will be used to increase the support hours for Client #55 to a level that will meet her health and safety needs.

Client #63 is a 47 year old male with a diagnosis of Mild Mental Retardation with a serious seizure disorder. He currently receives services through a Community Protection State Operated Living Alternative (SOLA) home. Client #63 was assessed and placed in the Community Protection program in 1999 and was successfully terminated from the program in 2005. His health has deteriorated significantly over the past few years and the decline is expected to continue. Client #63's seizure disorder requires him to wear a soft helmet and he is at constant risk of falls. He utilizes a wheel chair much of the time to help reduce the risk of falling. The SOLA house he is currently in has all the bedrooms upstairs so he must ask for assistance when he wants to go up to his room. With his current health conditions Client #63 would be better suited to live in a residential program that has 24 hour nurses available and does not have stairs. Funding from this proviso will be utilized to provide this level of support.



Client #65 is a 24 year old woman diagnosed with Down Syndrome. Client #65 has speech difficulties, she often speaks with a nasal quality that makes it difficult for others to understand. Although Client #65 can use a large vocabulary her language comprehension is at a much lower level. Client #65 stays up until very late in to the evening, sometimes until 3-4 AM. This has caused problems for Client #65 as she struggles to get out of bed before noon. Her sleep habits have affected her ability to seek employment. Client #65 needs assistance or supervision with most ADL tasks but mainly in the way of verbal cues. Client #65 needs supervision in the community; she does not have stranger awareness; there is also a concern that she may get lost if left alone. Client #65 continues to binge eat and needs staff supervision to adequately store food such as pre-cooking meat then freezing. Client #65's current residential program has stated they can no longer serve her and gave a 30-day notice with a beginning date of August 1, 2006. They have extended their service to Client #65 until a contract can be finalized with another agency. The new agency is asking for more hours than in the previous contract to successfully meet her needs. She currently receives vocational support. Funding from this proviso will be utilized to provide the extra hours needed for the new provider to develop her placement and provide on-going supported living services.

Examples of residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings:

Client #66 is a 20 year old man with Moderate Mental Retardation (MR) who was living at home with his mother in an abusive situation. He was admitted to Rainier School on June 6, 2005 for behavioral stabilization due to assaultive behavior. Return to the community was part of his discharge plan from the time of admission. According to the Behavior Support Plan completed by Rainier School, Client #66 can become extremely physically aggressive and hostile toward others. The report contains information about Client #66 creating and improvising weapons. He broke an ID card and a plastic toothbrush holder in order to create a sharp edge with which to attack others. The report also states that Client #66 has the tendency to infringe on the personal space of others in all his interactions. While he was living at home the police had to be summoned on numerous occasions following explosive outbursts. Assaultive behavior and property destruction resulted in stays at triage and at psychiatric facilities, including one brief stay at Fairfax Hospital. His mother said he was detained briefly at the juvenile detention center in Pierce County (Remann Hall). Client #66's behavior has stabilized during his stay at Rainier and his treatment team agrees he is ready for transition back to a community setting. Funds from this proviso will be utilized to provide a supported living program.

Client #70 is 45 years old and has a diagnosis of Moderate to Severe Mental Retardation secondary to Phenylketonuria (PKU), Intermittent Explosive Disorder, Impulse Control Disorder, and Autism. Client #70 was admitted to Rainier School as a crisis respite placement almost two years ago. Client #70 has

a history of self-injurious behaviors, eating non-edibles, property destruction and two prior surgeries for rectal prolapse repair. His father (who is his legal guardian) has requested alternative community-based supports. Rainier School's interdisciplinary team supports community placement in a supported living in program. Funds from this proviso will be utilized to provide a supported living program.

**EXPANDING COMMUNITY SERVICES PROVISIO  
FIFTH QUARTER – JULY THROUGH SEPTEMBER 2006**

<b>Community Residential &amp; Support</b>		<b>Type of Services</b>						<b>Expenditures</b>	
		<b>Residential</b>	<b>Number of Days in Service</b>	<b>Residential Daily Rate</b>	<b>Day Services Daily Rate</b>	<b>Other Daily Rate</b>	<b>Therapies Daily Rate</b>	<b>Total Daily Expend.</b>	<b>Total Expend. To Date</b>
<b>#</b>	<b>Moved To</b>	<b>Start Date</b>							
1	Region 6	08/29/05	398	\$ 230.00	\$ -	\$ -	\$ -	\$ 230.00	\$ 91,540.00
2	Region 6	08/29/05	397	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 119,100.00
3	Region 4	09/30/05	366	\$ 256.68	\$ -	\$ -	\$ 15.00	\$ 271.68	\$ 99,434.88
4	Region 1	09/30/05	365	\$ 296.78	\$ -	\$ -	\$ 3.22	\$ 300.00	\$ 109,500.00
5	Region 3	10/04/05	362	\$ 115.07	\$ 24.00	\$ 43.45	\$ -	\$ 182.52	\$ 66,072.24
6	Region 4	11/05/05	330	\$ 263.40	\$ -	\$ -	\$ -	\$ 263.40	\$ 86,922.00
7	Region 2	11/21/05	314	\$ 229.10	\$ 24.00	\$ -	\$ 1.25	\$ 254.35	\$ 79,865.90
8	Region 4	11/28/05	307	\$ 260.62	\$ -	\$ -	\$ 4.60	\$ 265.22	\$ 81,422.54
9	Region 4	01/01/06	272	\$ 163.00				\$ 163.00	\$ 44,336.00
10	Region 6	01/01/06	273	\$ 176.90	\$ -	\$ -	\$ -	\$ 176.90	\$ 48,293.70
11	Region 2	01/12/06	262	\$ 250.13	\$ -		\$ 14.79	\$ 264.92	\$ 69,409.04
12	Region 4	01/15/06	259	\$ 273.08	\$ 24.13	\$ -	\$ -	\$ 297.21	\$ 76,977.39
13	Region 4	01/26/06	248	\$ 298.12	\$ 24.13		\$ 11.11	\$ 333.36	\$ 82,673.28
14	Region 2	02/09/06	234	\$ 249.05			\$ 14.79	\$ 263.84	\$ 61,738.56
15	Region 2	02/27/06	216	\$ 222.76	\$ 16.56	\$ -	\$ -	\$ 239.32	\$ 51,693.12
16	Region 3	03/13/06	202	\$ 260.00	\$ -	\$ -	\$ 15.00	\$ 275.00	\$ 55,550.00
17	Region 5	03/15/06	200	\$ 155.74	\$ -	\$ -	\$ -	\$ 155.74	\$ 31,148.00
18	Region 4	03/23/06	192	\$ 247.94	\$ -	\$ -	\$ -	\$ 247.94	\$ 47,604.48
56	Region 2	03/16/06	199	\$ 64.70	\$ -	\$ -	\$ -	\$ 64.70	\$ 12,875.30
19	Region 1	03/17/06	198	\$ 236.68	\$ -	\$ -	\$ 11.83	\$ 248.51	\$ 49,204.98
20	Region 1	03/28/06	187	\$ 160.26	\$ -	\$ -	\$ -	\$ 160.26	\$ 29,968.62
21	Region 4	04/01/06	183	\$ 128.78	\$ -	\$ -	\$ -	\$ 128.78	\$ 23,566.74
22	Region 4	04/13/06	171	\$ 240.06	\$ -	\$ -	\$ -	\$ 240.06	\$ 41,050.26
23	Region 3	04/15/06	169	\$ 404.70	\$ -	\$ -	\$ 15.12	\$ 419.82	\$ 70,949.58
24	Region 4	05/01/06	153	\$ 378.82	\$ 34.19	\$ -	\$ -	\$ 413.01	\$ 63,190.53
25	Region 2	05/01/06	153	\$ 274.41	\$ 24.76	\$ -	\$ -	\$ 299.17	\$ 45,773.01
26	Region 3	05/02/06	152	\$ 215.80	\$ -	\$ -	\$ -	\$ 215.80	\$ 32,801.60
27	Region 3	05/05/06	149	\$ 230.50	\$ 25.00	\$ -	\$ -	\$ 255.50	\$ 38,069.50
28	Region 4	05/15/06	139	\$ 537.57	\$ -	\$ -	\$ -	\$ 537.57	\$ 74,722.23
29	Region 3	05/22/06	132	\$ 311.08	\$ 16.45	\$ -	\$ 21.00	\$ 348.53	\$ 46,005.96

**EXPANDING COMMUNITY SERVICES PROVISO  
FIFTH QUARTER – JULY THROUGH SEPTEMBER 2006**

<b>Community Residential &amp; Support</b>		<b>Type of Services</b>						<b>Expenditures</b>	
		<b>Residential</b>	<b>Number of Days in Service</b>	<b>Residential Daily Rate</b>	<b>Day Services Daily Rate</b>	<b>Other Daily Rate</b>	<b>Therapies Daily Rate</b>	<b>Total Daily Expend.</b>	<b>Total Expend. To Date</b>
<b>#</b>	<b>Moved To</b>	<b>Start Date</b>							
30	Region 3	05/24/06	130	\$ 313.00	\$ -	\$ -	\$ -	\$ 313.00	\$ 40,690.00
31	Region 1	05/25/06	129	\$ 298.74	\$ -	\$ -	\$ -	\$ 298.74	\$ 38,537.46
33	Region 3	06/02/06	121	\$ 192.09	\$ -	\$ -	\$ -	\$ 192.09	\$ 23,242.89
34	Region 4	06/02/06	121	\$ 282.86	\$ -	\$ -	\$ -	\$ 282.86	\$ 34,226.06
35	Region 4	06/02/06	121	\$ 288.08	\$ -	\$ -	\$ -	\$ 288.08	\$ 34,857.68
36	Region 1	06/03/06	120	\$ 266.12	\$ -	\$ -	\$ 11.83	\$ 277.95	\$ 33,354.00
37	Region 3	06/04/06	119	\$ 230.39	\$ -	\$ -	\$ -	\$ 230.39	\$ 27,416.41
38	Region 4	06/16/06	107	\$ 283.16	\$ 23.13	\$ -	\$ 1.95	\$ 308.24	\$ 32,981.68
39	Region 3	06/24/06	99	\$ 263.46	\$ -	\$ -	\$ -	\$ 263.46	\$ 26,082.54
40	Region 6	06/30/06	93	\$ 300.62	\$ 60.00	\$ -	\$ 30.00	\$ 390.62	\$ 36,327.66
41	Region 2	04/03/06	181	\$ 166.62	\$ -	\$ -	\$ -	\$ 166.62	\$ 30,158.22
42	Region 6	04/01/06	183	\$ 82.12	\$ -	\$ -	\$ -	\$ 82.12	\$ 15,027.96
43	Region 2	04/11/06	173	\$ 271.36	\$ -	\$ -	\$ -	\$ 271.36	\$ 46,945.28
44	Region 4	04/13/06	171	\$ 303.20	\$ -	\$ -	\$ -	\$ 303.20	\$ 51,847.20
45	Region 6	04/17/06	167	\$ 154.39	\$ -	\$ -	\$ -	\$ 154.39	\$ 25,783.13
46	Region 6	05/01/06	153	\$ 219.30	\$ -	\$ -	\$ -	\$ 219.30	\$ 33,552.90
47	Region 5	05/08/06	146	\$ 145.86				\$ 145.86	\$ 21,295.56
48	Region 2	06/03/06	120	\$ 242.92	\$ 23.13	\$ -	\$ -	\$ 266.05	\$ 31,926.00
49	Region 3	06/13/06	110	\$ 260.00	\$ -	\$ -	\$ -	\$ 260.00	\$ 28,600.00
50	Region 1	06/19/06	104	\$ 196.18	\$ -	\$ -	\$ -	\$ 196.18	\$ 20,402.72
51	Region 3	06/15/06	108	\$ 325.24	\$ -	\$ -	\$ -	\$ 325.24	\$ 35,125.92
52	Region 6	07/01/06	92	\$ 186.90	\$ 60.00	\$ -	\$ 30.00	\$ 276.90	\$ 25,474.80
53	Region 4	07/01/06	92	\$ 261.86	\$ -	\$ -	\$ 1.95	\$ 263.81	\$ 24,270.52
54	Region 4	07/03/06	90	\$ 118.85	\$ -	\$ -	\$ -	\$ 118.85	\$ 10,696.50
55	Region 4	07/01/06	92	\$ 113.56		\$ 15.14	\$ -	\$ 128.70	\$ 11,840.40
57	Region 3	07/01/06	92	\$ 281.57	\$ -	\$ -	\$ -	\$ 281.57	\$ 25,904.44
58	Region 1	07/22/06	71	\$ 284.61	\$ -	\$ -		\$ 284.61	\$ 20,207.31
59	Region 1	07/26/06	67	\$ 285.34	\$ -	\$ -	\$ -	\$ 285.34	\$ 19,117.78
60	Region 4	08/01/06	61	\$ 243.22				\$ 243.22	\$ 14,836.42
61	Region 1	08/08/06	54	\$ 205.15			\$ 12.13	\$ 217.28	\$ 11,733.12

**EXPANDING COMMUNITY SERVICES PROVISIO  
FIFTH QUARTER – JULY THROUGH SEPTEMBER 2006**

<b>Community Residential &amp; Support</b>		<b>Type of Services</b>						<b>Expenditures</b>	
		<b>Residential</b>	<b>Number of Days in Service</b>	<b>Residential</b>	<b>Day Services</b>	<b>Other</b>	<b>Therapies</b>	<b>Total</b>	<b>Total Expend.</b>
<b>#</b>	<b>Moved To</b>	<b>Start Date</b>		<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Expend.</b>	<b>To Date</b>
62	Region 2	08/08/06	54	\$ 152.96	\$ 16.57	\$ -	\$ -	\$ 169.53	\$ 9,154.62
63	Region 5	08/16/06	46	\$ 242.31				\$ 242.31	\$ 11,146.26
64	Region 4	09/01/06	30	\$ 321.71		\$ 16.70		\$ 338.41	\$ 10,152.30
65	Region 3	09/11/06	20	\$ 257.34	\$ 15.45			\$ 272.79	\$ 5,455.80
66	Region 5	09/14/06	17	\$ 246.46				\$ 246.46	\$ 4,189.82
67	Region 6	09/18/06	13	\$ 189.12				\$ 189.12	\$ 2,458.56
68	Region 1	09/22/06	10	\$ 269.32				\$ 269.32	\$ 2,693.20
69	Region 2	09/18/06	13	\$ 67.74				\$ 67.74	\$ 880.62
70	Region 4	08/28/06	34	\$ 243.44				\$ 243.44	\$ -
<b>Average for Proviso</b>								<b>\$ 249.15</b>	<b>\$ 2,718,330.14</b>

**Notes:**

Client #32 from the 4<sup>th</sup> quarter ECS proviso report did not enter services as reported so they have been removed from this report. To keep the client numbers consistently attached to individuals, the remaining client numbers are unchanged. Therefore there are currently 69 clients in the proviso.

Client #56 was mistakenly left off of the last ECS proviso report and has been added to this report in the location they should have appeared in.